

| Michigan Tax Tribunal Entire Tribunal Case Information Sheet | | | |
|--|--|---|----------------------------|
| 1. Petitioner, Address and Phone No. | | 2. Respondent, Address and Phone No. | |
| 3. Agent name, address and phone | | 4. Agent Name and address, if known | |
| 5. Filing Fee Paid: \$ | | 6. Is a proof of service attached? __ Yes __ No | |
| Column below for Property Tax appeal only | | Column below for Non-Property Tax appeal only | |
| A. Amount of State Equalized Value in Contention: * \$ _____ * For parcel with highest SEV in contention | | A. Amount in Contention: Tax: \$ _____ Penalty: \$ _____ Interest: \$ _____ | |
| B. Issue (designate one): <input type="checkbox"/> Valuation <input type="checkbox"/> Special Assessment <input type="checkbox"/> Equalization C. Reason for appeal: <input type="checkbox"/> True cash value (TCV) & taxable value (TV) <input type="checkbox"/> TV only <input type="checkbox"/> Uncapping: Tax Year(s) at issue: _____ <input type="checkbox"/> Tax Bill: Tax Year(s) at issue: _____ <input type="checkbox"/> STC Order: Tax Year(s) at issue: _____ <input type="checkbox"/> Other (please state): _____ D. Type of Property: <input type="checkbox"/> Real <input type="checkbox"/> Personal E. Classification of Property: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Developmental <input type="checkbox"/> Utility <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Timber Cutover | | B. Tax Type (designate one): <input type="checkbox"/> Aircraft Fuel Privilege <input type="checkbox"/> Airport Parking Tax <input type="checkbox"/> Estate Tax <input type="checkbox"/> Individual Income <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Motor Fuel <input type="checkbox"/> Sales, Use, Withholding <input type="checkbox"/> Severance Tax <input type="checkbox"/> Single Business <input type="checkbox"/> Stadia or Convention Facility Financing <input type="checkbox"/> State Convention Facility Dev <input type="checkbox"/> State Real Estate Transfer Tax <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Other (please state): _____ | |
| E. Tax Year(s) | F. Parcel ID No. (for parcel listed in "A" above) | C. Assessment No(s). (attach an additional sheet, if necessary) | D. Date of Issuance |
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| G. Are you appealing more than one parcel? If yes, how many? _____ | | | |